

Sample of AMPD Information - VRP

*****AMPD information should be provided for each COTP zone in which vessels operate and for each AMPD provider offering coverage in a zone*****

1. **AMPD Response Coverage for COTP zone:** _____ for (check one):
☐ All vessels in plan
☐ Vessel name(s): _____

2. **AMPD response provider** (check one): ☐ Plan Holder ☐ OSRO ☐ MTR Facility
 - a. **If OSRO**, company name: _____ Exp. date (contract/other approved means) _____/____/____

 - b. **If MTR facility**, facility has agreed to provide AMPD coverage for vessel (check one):
☐ Yes ☐ No

 - c. Vessel conducts transfers (check one):
☐ At MTR Facilities only ☐ During Lightering/Bunkering Operations only ☐ BOTH

3. **Equipment deployment personnel** are (check one): ☐ Located at equipment site ☐ On recall

4. **Physical location** (street address) from which AMPD equipment will be dispatched in the event of an oil spill:
 - a) Boom (* 1-hour response time): _____

 - b) Skimmer (* 2-hour response time): _____

 - c) Temporary Storage: _____

***Planning Assumptions:** On-water speed, 5 knots; land speed, 35 miles per hour; notification/mobilization – 30 minutes